



Official Business

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Form Approved - OMB No. 0560-0229

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency  
**RANDOLPH COUNTY FARM SERVICE AGENCY**  
**NOMINATION FORM FOR COUNTY FARM SERVICE AGENCY (FSA)**  
**COMMITTEE ELECTION**

The County FSA Committee election will be held this year on the first Monday of December. Ballots will be mailed to voters not less than 4 weeks before the election. This form allows individuals to nominate themselves or any other person as a candidate. If additional forms are needed, this one may be copied or may be obtained at the County FSA Office or obtained electronically at <http://forms.sc.egov.usda.gov>. Each form submitted must be:

- A. Limited to one nominee.
- B. Signed and dated by the nominee in Item 4. Nominee must sign if willing to have his/her name placed on the ballot and agrees to serve if elected.

**Note:** Name shown on ballot will appear exactly the same as in Agency records.

- C. Delivered to the County FSA Office or postmarked no later than August 1, 2006.

The County FSA Committee is responsible for reviewing each form to determine the eligibility of nominees. A person who files this form and is found ineligible will be so notified and have an opportunity to file an appeal in accordance with 7 CFR Part 780. Persons nominated should actively participate in the operation of a farm or ranch and be well qualified for committee work. A producer is eligible to be a County FSA committee member if the producer resides in the Local Administrative Area (LAA) in which the election is to be held and is eligible to vote. **In Randolph County the election is being held in LAA-2, which includes the following communities: Asheboro, Franklinville, Level Cross, Providence, New Market and Trinity. Nominees must come from one of those communities.** Federal regulations may prohibit County FSA Committee members from holding certain positions in some farm, commodity, and political organizations if such positions pose a conflict of interest with FSA duties. The positions include functional offices such as president, vice president, secretary, or treasurer; and positions on boards or executive committees. Conflict of interest restrictions also apply to employees, operators, managers, and majority owners of tobacco warehouses. Questions concerning eligibility should be directed to the County FSA Office. A candidate has the option to request that all voted ballots for an individual county committee election be returned to the respective State Office in lieu of being returned to the county office. This request must be in writing and submitted to the local County Executive Director prior to the announced end of the nomination period.

The duties of County FSA Committee members include:

- A. Administering farm program activities conducted by the County FSA Office.
- B. Informing farmers of the purpose and provisions of the FSA programs.
- C. Keeping the State FSA Committee informed of LAA conditions.
- D. Monitoring changes in farm programs.
- E. Participating in county meetings as necessary.
- F. Performing other duties as assigned by the State FSA Committee

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

FSA-669A  
(03-08-06)U.S. Department of Agriculture  
Farm Service Agency**NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION**

1. NAME OF NOMINEE (Type or print Nominee's Full Name)		<b>TO BE COMPLETED BY COUNTY FSA OFFICE</b>
2. ADDRESS OF NOMINEE		
3. <b>NOMINEE'S CERTIFICATION</b> <i>I hereby agree to have my name placed on the ballot, that I will serve if elected, and if there is a conflict of interest, I will resign such position.</i>		5. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE (MM-DD-YYYY)
<input type="checkbox"/> I DO want to witness the settling of tied votes with another nominee.  <input type="checkbox"/> I DO NOT want to witness the settling of tied votes with another nominee.		6A. COUNTY Randolph
		6B. LAA NO. 2
		7. STATE North Carolina
4A. SIGNATURE OF NOMINEE	4B. DATE (MM-DD-YYYY)	<b>DATE OF ELECTION IS 1st MONDAY OF DECEMBER OF EACH CALENDAR YEAR</b>

**8. TO BE COMPLETED BY NOMINEE**

**VOLUNTARY INFORMATION FOR MONITORING PURPOSES:** The following information is requested by the Federal Government in order to monitor FSA's compliance with federal laws prohibiting discrimination against program participants on the basis of race, color, national origin, religion, sex, marital status, handicapped condition, or age. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your nomination or to discriminate against you in any way.

<b>ETHNICITY</b>	<b>RACE (Choose as many boxes as applicable)</b>	<b>GENDER</b>
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> America Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Male <input type="checkbox"/> Female

**INSTRUCTIONS FOR COMPLETING THIS FORM**

Complete the form as follows:

**ITEM 1** Type or Print the nominee's full name. The nominee must be:

- A. Eligible to vote in the designated County FSA Committee election.
- B. Eligible to hold the office of County FSA Committee member.
- C. Willing to serve if elected.

**ITEM 2** Enter the nominee's current address.**ITEM 3** The nominee must check one of the boxes to indicate a preference regarding the settling of tied votes.**ITEM 4** The nominee must sign and date.**ITEM 8** Completing this item is voluntary.**ALL FORMS MUST BE RECEIVED IN THE COUNTY OFFICE OR POSTMARKED BY AUGUST 1.**

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR Part 7. The information will be used to obtain nominees for County FSA Committee.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0229. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.